Name of Carrier
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Reporting Period

(Inclusive dates)

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Table D. I. A. Utilization - Nonmaternity Services: General Summary; Number of claimants, Amount of claimants, expenses by type of medical expense, and amount of benefits paid by plan, by patient category.

v,		H	lospitali	zation			Physic	ians ⁸ and	other 1	Expenses	• ! -	Grand	man ask
	No. of	Aggre-	Expen	ses for	8		Physicia	ns Fees	Other	related e	xpenses		TOUR
Category	Claim- ants	gate No. days	Total Expense	Room & Board	Hosp.	Total Expenses	Surgical Services			Non Hosp. Drugs	Other	Claiment Expenses	
Column l	2	3	4	5	6	7	8	9	10	11	12	13	14
Total, All Claims Number Amount Active Employees and Dependents, total	3000000X	XXXXXX	xxxxxxx \$	**************************************	**************************************	**************************************	<u>.</u>	10-	\$	•	\$	**************************************	\$
Number Amount	0000000	10000000	30000000: \$	\$	\$	**************************************	\$	\$	\$	\$	N S	*	**************************************
Employees, total Male Female Dependents, total Spouse Male Female Child Annuitants and dependents, total Annuitants, Employee and-survivor total Dependents, total	3,5 of	ount (as	rt "Numbe s on line s) under d sub-ite below)	s _{.2} each	2	b) High c) Low c a) Hospi b) High c) Low c a) Hospi b) High c) Low c a) Gases b) High	cases, Bot option, a sption, as option, as italized coption, as italized coption, a sption, a sption, a spption, as	as above. cases, - N as above. cases - Su as above.	ot surg	ned gically treated n options	. Both	options (*

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Reporting Period to	Normaternity Services: State Summary
(inclusive dates)	Number of States and State Summary
1(3) 7/60	Number of Claimants, amount of claima

Low option
9-57, other States and D.C.
58 U.S. Territories and
Dependencies, total
High option
Low option

Normaternity Services: State Summary, All Hospital and Medical expense. Number of Claimants, amount of claimant expenses by type of medical expense; and amount of benefits paid by plan; by patient category, by state, and by

				Hospi	taliza	tion			Ph	ysic	isos 9	and	other Expe	nees	Gran	d Total
		No. of	No. of	Aggre-		enses .	fors.	1	Physi	cian	S Fee	s	Other relat	ed emen	Co din	I Bone Pri
	State	Claim- ants	Claims	gate No. of	Ex	&c	Other Hosp.	Total Ex-	Surgi Servi	cal ces	Medic Servi	el ces		OI CAPOL	ant Ex-	Paid by
)				deys	pen- ses	Board	Ex- pen- ses	pen⇔ ses	No. of Claim- ants		No. of Claim- ants		No. of Claim- ants	Ant.	pen- ses	
	Column 1	2	3 -	li .	5	6	7	- 8	9	10	11	12	13	14	15	16
1 2 3	Total, all claims (both options) High option Low option				\$	\$	\$	\$	1	\$		\$		\$	\$	\$
4	U. S. all states and territories, total High option Low option															CAT DALKE, veryone
ő	Overseas (Foreign), total	l			Separ	ate Ta	bles f	Or 8								
	High option Low option					l. Al	l clai	mants.								
•	United States (50 States and D.C.), total					2. Ac	tive e	mployee	S.							
	High option Low option					3。 De	penden	ts, Tot	al (sp	ouse	and o	hild) of activ	e employ	668 °	
	Alabama, total High option					4. An	nuitan	ts and	annuit	ant	depend	lents	na ing		é	
3	Low option Alaska, total							-								
	High option		i. i		i 1	,	1 1	1	1		ı	i	,			

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D. I. C. Utilization - Nonmaternity Services, Summary by age and sex: All hospital and medical expenses of active employees and annuitants; number of hospital admissions; days hospitalized, amount of elaimants: expenses, by type of expense; amount of benefits paid by plan; by age, sex and by option.

	21.51		* **:	Hosp	italiza	tion		* * : * * *	Pi	ysicians	8 and	other Expens	e		Total
.)	Age and Sex	No. of Claimants	No. of Claims		Total	enses f Room & Board	Other Hosp.	Total Expenses	Surgica	s Ser	ices Amt.	Other relate No. of Claimants	Amount	ant Ex- penses	Paid by Plan
					\$	\$	\$	\$	-ands	-ent	\$		\$	8	\$
COMMENT.	Column 1	2	3	4	5	6	7	8	9. 10	0 11	12	13	14	15	16
2 3 Und 5 7 8 9 0 7 2 3 4 5 5 5 62 65 12 3 4	Male Female and under 45, total Male Female and under 45, total Male Female and under 45, total Male Female and under 55, total Male Female and under 62, total Male Female and under 65, total Male Female and under 70, total Male Female and over Male Female			Approv	ed For F		2. a. b. c. 3. a. b. c	All Acti High Opti Low Opti Active H High Opti Low Opti	and as a substitution, as on, as on, as on, as on, as	above s, both above above both op above	ptions	itants, both s combined combined	cptions co	mbined	

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Table D. II. Utilization - Normaternity Services. Duration of Hospitalization. Number of claimants; days hospitalized; Amount of hospital, medical and other related expense; and benefits paid by plan; by patient category, length of hospital stay, and by option.

	No.	H	ospital	ization				Physi	lcians! ar	d other	Expenses		Gran	d Total
	of Claim		Expe	nses for	8		Phys	icians!	Fees		Other relat	ed Expense		
number of days	ants	Aggre- gate No	Total	Room. &	Other	Total	Surgical	. Sarvice	Medical	Service	No. of	Total	Claim- ants	Benefit Paid
Hospitalized			Especas		Hesp. Expenses	Expenses	No. of Claim- ants	Total Amount	No. of Claim- ants	Total Amount		Amount	Expenses	
Column 1	1 5	3	4	5	6	7	8	9	10	11	12	, 13.	1/1	15
Total, all days Male Female 1 day Male Female 2 days Male Female 3 days as above 5-4 days as above 10-11days as above 15-29 days as above 10-29 days as above 10-29 days as above 10-3 days as above				b) 1 2. a) 1 3. a) 1 4. a) 1 pprobled	il hospidigh optices o	con, as al zed Action, as al zed dependent on, as al e = 200 zed Anno 286.2003 A	bove ave Empl bove ove ndents, option options bove ove	of Action of Act	otal → Bo ve Employa	th optic	combinedons combined the options	combined.		

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D.III. A. Utilization — Normaternity Service: Primary Cause for medical service; Number of Claimants, amount of claimants expenses and of benefits paid by plan, by type of case, patient category, and option.

	A	al All C	ln ms		Cla	ims Invo	lving Ho	spital	Expenses urgically	Treated		All	Other Cla	ims
Primary Cause Disease, or Systemic Disorder)	No. of claim -ants	Total	Amount Bens- fits	No. of	Aggre gate No.	Total A	Bene- fits Paid by Plan	No. of Claim -ants	Aggre- gate No. Days	Total A Claim -ants Expenses	Bene- fits Paid by Plan		-ants Expenses	Bene- fits Paid by Plan
Column 1	2	3	4	15	6	7	. 8	9	10	111	12	13	14.	1 25
1 Total, all Claimants 2 Male 3 Female		\$	\$			\$	\$			\$	\$		\$	\$
Tuberculosis Male Female Neoplasms, Malignant as above Neoplasms, Benign and all other as above Endocrine and Metabolic disorders as above Il Mental Disorders as above 12 Nervous system and Sense Organs as above 13 Diseases of Heart as above 14 Circulatory system, all Other as above 15 Pneumonia, Bronchitis, Influenza as above Continue	ed on ne	xt page	roved For		2. a) b) c) 3. a) b) c) 4. a) b) c)	All classified of Low options of Low	tion, as ion, as tion, as ion, as ion, as ion, as ion, as ion, as	above above above ottive I above above Depende above	claims, claims	both opti	both opt	ions co		

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D. III. A. Utilization — Normaternity Service: Primary Cause for medical service; Number of Claimants, amount of claimants; expenses and of benefits paid by plan, by type of case, patient category, and option.

9					Cla	aims Invo	lving Ho	spital 1	Expenses				,	
·	T	otal All	Claima	S	urgically	Treated		Not S	urgically			All	Other Cl	Control of the last of the
D 4 - 0	No of	Clara	no unit			Care A	nount	_		Total A			Total A	
Primary Cause	slaim	ants	fits	No. of				No. of		Claim	Bene-	No. of	to -	Bene-
Disease, or Systemic	-ants	Expenses			gate No.	-arrt #	fits		gate No.		fits	claim	ants	fits
D _{isorder})	-auts	pribeuses	Plan	-ants	Days	Expenses		-ants	Days	Expenses		-ants	Expenses	
Y- 1-1	1		T.I.			1	Plan				Plan			Plan
Column 1	2	3	Že	5	8	7	8	\$	10	11	12	13	14	15
16 Respiratory system, al	i	\$	\$			\$	\$			\$	\$		\$	\$
Other	1	1 4	1 4			Ψ				Ψ	ĮΨ		Ψ	Ψ.
17 Male	1		İ		i			1 3			1	į.	1	
18 Female				ļ			ì	i	1			1	1	
9 Stomach and duodenum				1		}	1	f t		Ì				i
as above	į	1		!		İ			:		†		į	
20 Gallbladder, and bile	1	1	ř L	!	}	1	ļ	\$ 5		1	-		1	1
duct		1	į.	i i	1	•	1	į.	1			1	ļ	
as above 21 Digestive system, all	!	l	į	1		•	ĺ					1	1	
21 Digestive system, all other						1				ĺ		-	1	
as above		1		1	į	1	ļ			1	ŀ	E CONTRACTOR DE	1	
Urinary and male re-			1	1		1		1			ŀ		ļ	
productive system		1											1	
as above		1				i								1
23 Female reproductive		1	1					t		1			1.1	
system			1		1	1				T.				
as above			Î				1			l			1	
24 Diseases of Bones and			į			1		1					1	1
Organs of Movement						ļ		1		1			i	1
as above			l				1						İ	1
5 Injuries, Poisioning Violence														
as above		1				1	i	Ì			[1	
26 Other, all (not else-		1												
where reported)		1				· ·	1	ı						
as above										1		1		1
. 7		A	pproved F	or Relea	se 2003/08	/13 : CIA-F	ФР86-00	964R000	1þ0120022	- ф		1	1	
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Federal Employees Health Benefits Program No. Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120022-0 Name of Carrier tress of Carrier porting Period (inclusive dates) Table D. III. B. Utilization - Nonmaternity Services: Surgery; Number of claimants, days hospitalized, amount of hospital, medical and other related expenses and amount of benefits paid by 4(3) 7/60 plan, by surgical procedure, by sex.

Hospitalization Grand Total Physicians and other Expenses Physicians Fees Other related Expenses Claim Benefit Expenses for: No. Surgical Medical Amount Paid by No. of ant Total Total Room Other сf Services Claimants Ex-Plan Claim gate No. Ex-& Hosp. Expenses Services Surgical Procedures penses penses Board Ex-No. Amt. No. Amt. ants days Performed penses αf of. Claim Claim -ants -ents 10 8 Column I Total, all procedures Male Female Tonsil and adenoid-ectomy Male Female Thoracic surgery Separate Tables for: Male Female a) All claims, Both options combined b) High option, as above 10 Mastectomy 11 as above c) Low option, as above Hernia, Repair of, all 12 Appendectomy a) Active employees claims, Both pptions Abdominal, other b) High option, as above c) Low option, as above 15 16 17 18 Hemorrholdectomy Cholecystectomy Prostatectomy a) Dependents of active employees claims, Both options Male b) High option, as above 19 20 Cystoscopy e) Low option, as above D. & C. (non-maternal) Female a) 111 Annuitants and dependents
b) High option, as above claims, Both options 22 23 2h 4. Hysterectomy Female Low option, as above Fractures and Dislocations Neoplasms, Excision of (not elsewhere reported) 26 Other, all (not elsewhere reported)

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Table D. IV. Utilization - Nonmaternity Services: Size of expense; Number of claimants, amount of claimants; expenses and of benefit paid by plan; by size of expense type of claim, category of patients, and by option.

***********		Т	otal All	Claims	Surgio	Claims cally Treat			al Expensurgically		411	Other Clair	nø.
	Size of Total Expenses	No. of Claim- ants	Total	Amount Benefits Paid by	No. of Claim⇒ ants	Total	amount Benefits	No. of	Total Claim-	Amount Benefits Paid by	No. of Claim- ants	Total Claim- ants Expenses	Amount Benefi Paid by Plan
	Column l	2	3	<u> </u>	5	6	7	8	9	10	11	12	13
Tot	al, All Claims Male Female 1 19 Male Female 50 99 as above 100 199 as above 200 299 as above 300 399 as above 100 199 as above 500 599 as above			Separate Ta 1. 2.	a) All b) Hig c) Low a) Act b) Hig c) Low a) Dep b) Hig c) Low	Claimants, h option, as option, as option, as endents of h option, as use of Actial high optial	as above s above ses claims as above above Active Em above s above ive Employ	, Both o	options co claims, E	oth option		ed	j
	1,000 == 2,499 as above 2,500 == 4,999 as above 5,000 == 9,999	CCD, NORTH TRACKET BY RECORD		5.	a) Chi	al low opti ld of Activ h option, a option, as	re Employe		ms, Both o	ptions con	mbined		
1	as above .0,000 19,999 as above .0,000 29,999			6。	b) Hig	Annuitants h option, a option, as	eyods a	ndents o	claims, Bo	th options	s combine	d.	
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h(3) 7/60 Tak	ole D. V. A.	Utilization - Maternity Services: Expenses and Benefits; Number of patients, hospital admissions, expenses paid by claimants, benefit paid by plan, by duration of hospital stay, and by type of maternity service.

	Number	Hospit	alization		I otal	Hospital	Expenses	Ob	Physicia stetrical		
Column l	of Patients 2		Aggregate No. days	Expense:	Benefit Paid 6	Expenses		Fee 9	Bene- fit 10	-	Bene- fit 12
Length of Stay			- 1587	Durat:	ion						
Total, all patients 1 day or less 2 days 3 days 4-5 days 6-9 days 10 days and over				*	· And Andrews with the state of		*	\$	\$	STATE TO THE TWO DESCRIPTIONS OF THE PERSONNEL PROPERTY.	
Туре				Maternit	y Care			1		ļ	
Total, all patients Deliveries Normal Caesarean Section Ectoptic pregnancy Miscarriage Other Complications of pregnancy Other (false labor, etc.)			Separate T.	a. All b. c. a. Acti b. c.	maternity so	s and Annui	gh eption w option tants, be gh option w option	oth or	otions com		

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Table D. V. B. Ptilisation -- Maternity Services: State Summary, Expenses and benefits; Number of patients, hospital admissions, expenses paid by claimants, benefit paid by plan, by state, total, (both options combine) and by option.

											ians F	H65
		Numb air	Annual Services Services	talida etia.	Te+		10 - 10.4		Obst	6t: 10a)	Anes	FREE CO.
	Stata	of Patients	Admis-	Aggragate N. days	Exposures	Benefil Paid	Experses	Benefit Paid	Pee	Bene= f_t	Fee	Ben 4-
	Caron _	Y		01.040 (0.01) 21/24/20 Calcarder 94	احد تحصصحت					ر د محمد مالاشان دوسو	A STATE OF THE PARTY OF THE PAR	the same production of the party of the part
	(beth		1			CHORD AGE SHEET MANNEY-VORKERY			1	Marchine See (Street See See See See	Andrew Standard Controller	randriduosis, fand et le
Ĺ	Teta_, all claims options;				1		Į.	:	1		į	
- 53	High option		1						i			
~	Les opties	!	1				. [;	1			
ù	0. S. will states and		1		1			i .	!		;	
	betritories, total		1								;	
	High option		1		1		·!		1 1			
	Lew option		1			İ	1					
5	Overseas (Foreign), total		1 1				rd r I			,	:	
	High option				1		}				1	
	Low option							Ŷ	!!		i	
6	Coding States:		!!!			i		ŧ		1		
	(50 states and D.C.), total										İ	
	High option							i			1	
•	Low option							i			İ	
7	Alabama, total											
	High option		1 1								1	
8	Low option											
v	Alaska, total								1 1			
	High option Low option						Ì	<u> </u>		ļ	1	
О.	- 57, Other states and D. C.										1	
5 8	U. S. Territories and						i					
200	Dependencies, total		1								1	
	High option			0								
	Low option										İ	
	•						1			ļ	İ	
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